

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY
Application Date January 5, 1979	Division of Physical Health/ Communicable Disease Unit/ Sexually Transmitted Disease (STD) Program	Application Number 76-43-A
Application Number DHR-1979-3	618 Ponce de Leon Ave., N.E. Atlanta, Ga. 30306	Date Received JAN - 5 1979
		Date Completed FEB - 5 1979

2. Person to Contact L. Carlyle Brown	Working Title Director/ Program Manager	Telephone Number 894-5177
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3. Action Requested

a. ☐ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☒ Amend Application No. 76-43 Check One: ☐ Change; ☒ Supercede; ☐ Void

4. Dates of Series	5. Records Series Title (followed by title used in office; if different)
Earliest 1947	Sexually Transmitted Disease (STD) Activity and Case Report Files
Latest to present	

6. Division and Office Function

What is the function of the Division and the Office in which this record series is created?

The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.

The Sexually Transmitted Disease (STD) Program has the responsibility to: determine, from laboratory reports, incidence and distribution of venereal disease in Georgia; provide this information to District health program representatives who operate the District V. D. Control Program; provide consultation to District Health Offices and private physicians; develop and distribute information to the public on the control of venereal disease; and monitor and evaluate the V. D., Control Program of each Health District.

7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.

Documents relating to: receiving reports of all newly-disclosed cases of sexually transmitted diseased Statewide; and reporting these cases, monthly, to the Center for Disease Control.

Included are: Tab Card, form 3616 (Rev. 3-78) [Confidential Report of Sexually Transmitted Disease] which shows county code, date of report, patient's name, address, race, age, marital status, and date of birth; infection (syphilis, gonorrhea, and other sexually transmitted diseases by name) and state of the infection; treatment status; treatment given by: public clinic or private physician, and address, or military base; and treatment status. Also, the computer printout [Venereal Disease Morbidity Report].

File is arranged: alphabetically by last name of client.

8. Monthly Reference Rate	How often are records referred to which are: anticipate 80,000 newly reported
One to six months old _____	Seven to twelve months old _____
Twenty-five months and older _____	Thirteen to twenty-four months old _____ /cases o
	1 /sexually transmitted diseases during FY 79.
9. Annual Rate of Accumulation or Records	estimate 3,000 syphilis cases (it is required that the
Letter-size drawers _____	reports be kept for reference - cards reporting other S.T.D. cases will be
Legal-size drawers _____	Shelves _____
	Other (Specify) destroyed after tabulating.

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? official State record
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 88.502.10 Ga. Health Code Confidentiality of patient records.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? dependent on specific diagnosis
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy. DHR Annual Report
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. monthly report to Center for Disease Control
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? statistical information from form 3616

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | x e. Administrative need -to age | 95 years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

when infection is diagnosed as syphilis - record needed for reference until patient reaches age 95 (or until death).

copy to Director, Family Health Services Section -- Schedule 74-460 FAMILY HEALTH DIRECTOR'S SUBJECT FILES provides for transfer annually to State Archives

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

Central Office

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

and checked for clarity;
then destroy.

Printout (received monthly)

No. 688 (Venereal Disease Morbidity Report)

Central Office

Cut off file at end of each fiscal year; hold in current files area 10 years; then destroy. Earlier destruction is authorized.

District and County Offices

Destroy when no longer needed for reference.

Form 3616 (received daily from counties Statewide)

Syphilis Cases

hold in current files area until it is determined that patient has reached age 95, or has died; then destroy card.

Other Sexually Transmitted Disease Cases

hold in current files area until statistical information is coded, tabulated,

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>L. Carlyle Brown</i>	11-14-78	<i>Elizabeth W. Crank</i> Elizabeth W. Crank, CRM	1/3/79
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
State Auditor/Designee		<i>Carroll Hart</i>	2-1-79
Secretary of State/Designee		<i>R. L. Shell</i>	1-31-79
Attorney General/Designee			2-2-79



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date 2/6/76	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No Date Completed FEB 11 1976 76-43 FEB 24 1976	
2. Agency Application No. DHR-37	3. State, Division, Subdivision & Administering Office Address Department of Human Resources Division of Physical Health Venereal Disease Unit 618 Ponce de Leon Avenue Atlanta Ga. 30334	4. Person to Contact Dr. William Brown	5. Working Title Director
		6. Tel. No. 894-5177	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1950-Present	9. Exact Series Title VENERAL DISEASE ACTIVITY AND CASE REPORT FILES
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10. What is the function of the office in which this record series is created?

The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health programs throughout the State. Included are: the establishment of health standards for business, housing, field operations and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.

Veneral Disease Control Unit has the responsibility to provide direction to and coordination of a statewide venereal disease control program designed to reduce the rising incidence of syphilis and gonorrhea in the State of Georgia.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the tabulation of morbidity case reports requested by the Department of Human Resources, V.D. Unit, from physicians treating patients who have received positive results from venereal disease blood tests.

Included are the "Venereal Disease Activity and Case Report Computer Card" (DHR-VD-16), identifying patient's name and address, patient's case number and treatment clinic number assigned by the V D Unit, date information on card was completed, diagnosis and treatment reports; "Confidential Physicians and Hospitals Venereal Disease Morbidity Report" (PD 6.6), identifying patient's name and address, personal identification, physician's name and a report of any follow up diagnostic and treatment care patient has received.

Files are arranged alphabetically by name of patient.

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				2	1
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				21	
Tab Card Files	33	11		This Year's	Last Year's
			AVERAGE DAILY REFERENCES	20	20
				5	2

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | YES | NO |
|---|-----|-----|
| 13. Is this the Record Copy of the series? | [x] | [] |
| 14. Is there a duplication of this series in another office or agency? | [] | [x] |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | [] | [x] |
| 16. Does the series contain classified information requiring security handling?
Confidential Medical Record | [x] | [] |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | [] | [x] |
| 18. Could the function be performed if the files were lost or destroyed?
With great difficulty | [x] | [] |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | [] | [x] |
| 20. Does the record series provide data as input to an EDP file?
Information from case record is used for computation of county and statewide morbidity reports. | [x] | [] |
| 21. Does the record series contain documentation produced as EDP printout?
Information from case record is used for computation of county and statewide morbidity reports. | [x] | [] |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | [] | [x] |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | [x] | [] |

24. REQUIREMENTS. The following requires the files to be kept 20 years:

- a. [] STATE LAW b. [] STATUTE OF LIMITATION c. [] AUDIT PERIOD d. [] FEDERAL LAW e. [x] ADMINISTRATIVE DECISION f. [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - [] CALENDAR YEAR - [] FISCAL YEAR - [x] OTHER _____, then:
Upon determination that the person has deceased or reached the age of 75, remove case record from active files; then place in inactive file, cut off inactive file at the end of the calendar year; then destroy.

Please note: If there is no seriological reactivity for 20 years, file may be destroyed at unit's discretion.

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William J. McDonald DHR-RMB	2-5-76		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	William J. Brown, MD William M. Dixon Carroll Hart Robert H. Hill	2-6-76 2-20-76 2-19-76 2-20-76
STATE RECORDS COMMITTEE			